

MAY 02 2005

## CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Applicant(s): Lowe, et al.

Docket No.  
2003B125Application No.  
10/720,617Filing Date  
November 24, 2003Examiner  
Patricia L. HaileyGroup Art Unit  
1755

Invention: Catalyst and Process for Selective Hydrogenation

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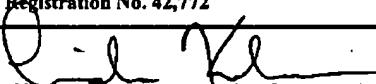
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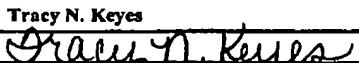
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/720,617	
		Filing Date	November 24, 2003	
		First Named Inventor	Lowe, et al.	
		Art Unit	1755	
		Examiner Name	Patricia L. Hailey	
Total Number of Pages in This Submission		22	Attorney Docket Number	2003B125

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; width: fit-content;">Certificate of Transmission via Facsimile</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Linda A. Kubena Registration No. 42,772
Signature	
Date	May 2, 2005

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Typed or printed name	Tracy N. Keyes		
Signature		Date	May 2, 2005

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete If Known</b>	
<b>FEE TRANSMITTAL</b> <b>for FY 2005</b>		Application Number	10/720,617
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	November 24, 2003
<b>TOTAL AMOUNT OF PAYMENT</b> (\$)		First Named Inventor	David M. Lowe, et al.
<b>\$130.00</b>		Examiner Name	Patricia L. Halley
<b>Art Unit</b>		Art Unit	1755
<b>Attorney Docket No.</b>		<b>2003B125</b>	

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Deposit Account Number: 05-1712 Deposit Account Name: ExxonMobil Chemical Company

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)	Fee (\$)
- 20 or HP =	x	\$30.00	= \$0.00	HP = highest number of total claims paid for, if greater than 20.	50	25

Indep. Claims      Extra Claims      Fee (\$)

- 3 or HP =      x      \$200.00      = \$0.00

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50	(round up to a whole)	x \$250.00	= \$0.00

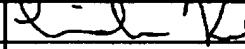
**4. OTHER FEE(S)**

Non-English specification, \$130 fee (no small entity discount)

Other (e.g. late filing surcharge): Terminal Disclaimer

\$130.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	42,772	Telephone	281-834-2429
Name (Print/Type)	Linda A. Kubena		Date	May 2, 2005	

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